

Effective December 8, 2004

Application or Docket Number

10/575412

(Column 1) (Column 2)

|   |   |  |
|---|---|--|
| U.S. NATIONAL STAGE FEES                                  |   |  |
| BASIC FEE   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   | Satisfies PCT-Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 15 minus 20 = *   |  |
| INDEPENDENT CLAIMS  | 2 minus 3 = *   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

OR

OTHER THAN  
SMALL ENTITY

| RATE       | FEE |    | RATE       | FEE |
|------------|-----|----|------------|-----|
| BASIC FEE  |     | OR | BASIC FEE  | 300 |
| EXAM. FEE  |     |    | EXAM. FEE  | 200 |
| SEARCH FEE |     |    | SEARCH FEE | 400 |
| X \$ 125 = |     | OR | X \$ 250 = |     |
| X \$ 25 =  |     |    | X \$ 50 =  |     |
| X \$ 100 = |     | OR | X \$ 200 = |     |
| + \$ 180 = |     | OR | + \$ 360 = |     |
| TOTAL      |     | OR | TOTAL      | 900 |

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
| 13         | 14         | 15         |
| 16         | 17         | 18         |
| 19         | 20         | 21         |
| 22         | 23         | 24         |
| 25         | 26         | 27         |
| 28         | 29         | 30         |
| 31         | 32         | 33         |
| 34         | 35         | 36         |
| 37         | 38         | 39         |
| 40         | 41         | 42         |
| 43         | 44         | 45         |
| 46         | 47         | 48         |
| 49         | 50         | 51         |
| 52         | 53         | 54         |
| 55         | 56         | 57         |
| 58         | 59         | 60         |
| 61         | 62         | 63         |
| 64         | 65         | 66         |
| 67         | 68         | 69         |
| 70         | 71         | 72         |
| 73         | 74         | 75         |
| 76         | 77         | 78         |
| 79         | 80         | 81         |
| 82         | 83         | 84         |
| 85         | 86         | 87         |
| 88         | 89         | 90         |
| 91         | 92         | 93         |
| 94         | 95         | 96         |
| 97         | 98         | 99         |
| 100        | 101        | 102        |
| 103        | 104        | 105        |
| 106        | 107        | 108        |
| 109        | 110        | 111        |
| 112        | 113        | 114        |
| 115        | 116        | 117        |
| 118        | 119        | 120        |
| 121        | 122        | 123        |
| 124        | 125        | 126        |
| 127        | 128        | 129        |
| 130        | 131        | 132        |
| 133        | 134        | 135        |
| 136        | 137        | 138        |
| 139        | 140        | 141        |
| 142        | 143        | 144        |
| 145        | 146        | 147        |
| 148        | 149        | 150        |
| 151        | 152        | 153        |
| 154        | 155        | 156        |
| 157        | 158        | 159        |
| 160        | 161        | 162        |
| 163        | 164        | 165        |
| 166        | 167        | 168        |
| 169        | 170        | 171        |
| 172        | 173        | 174        |
| 175        | 176        | 177        |
| 178        | 179        | 180        |
| 181        | 182        | 183        |
| 184        | 185        | 186        |
| 187        | 188        | 189        |
| 190        | 191        | 192        |
| 193        | 194        | 195        |
| 196        | 197        | 198        |
| 199        | 200        | 201        |
| 202        | 203        | 204        |
| 205        | 206        | 207        |
| 208        | 209        | 210        |
| 211        | 212        | 213        |
| 214        | 215        | 216        |
| 217        | 218        | 219        |
| 220        | 221        | 222        |
| 223        | 224        | 225        |
| 226        | 227        | 228        |
| 229        | 230        | 231        |
| 232        | 233        | 234        |
| 235        | 236        | 237        |
| 238        | 239        | 240        |
| 241        | 242        | 243        |
| 244        | 245        | 246        |
| 247        | 248        | 249        |
| 250        | 251        | 252        |
| 253        | 254        | 255        |
| 256        | 257        | 258        |
| 259        | 260        | 261        |
| 262        | 263        | 264        |
| 265        | 266        | 267        |
| 268        | 269        | 270        |
| 271        | 272        | 273        |
| 274        | 275        | 276        |
| 277        | 278        | 279        |
| 280        | 281        | 282        |
| 283        | 284        | 285        |
| 286        | 287        | 288        |
| 289        | 290        | 291        |
| 292        | 293        | 294        |
| 295        | 296        | 297        |
| 298        | 299        | 300        |
| 301        | 302        | 303        |
| 304        | 305        | 306        |
| 307        | 308        | 309        |
| 310        | 311        | 312        |
| 313        | 314        | 315        |
| 316        | 317        | 318        |
| 319        | 320        | 321        |
| 322        | 323        | 324        |
| 325        | 326        | 327        |
| 328        | 329        | 330        |
| 331        | 332        | 333        |
| 334        | 335        | 336        |
| 337        | 338        | 339        |
| 340        | 341        | 342        |
| 343        | 344        | 345        |
| 346        | 347        | 348        |
| 349        | 350        | 351        |
| 352        | 353        | 354        |
| 355        | 356        | 357        |
| 358        | 359        | 360        |
| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

| AMENDMENT A                                    | (Column 4)                                |       | HIGHEST                          | PRESENT<br>EXTRA         |
|--|---|-------|----------------------------------|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | NUMBER<br>PREVIOUSLY<br>PAID FOR |                          |
| Total  | *   | Minus | **                               | =                        |
| Independent                                    | *   | Minus | ***                              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |                                  | <input type="checkbox"/> |

OR

**OTHER THAN  
SMALL ENTITY**

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
| X \$ 25 =        |                | OR | X \$ 50 =        |                |
| X \$ 100 =       |                | OR | X \$ 200 =       |                |
| + \$ 180 =       |                | OR | + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT B                                    | (Column 1) |   | (Column 2) |   | (Column 3)               |
|--|------------|---|------------|---|--------------------------|
|  |            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total  | *          | Minus                                     | **         | =   |                          |
| Independent                                    | *          | Minus                                     | ***        | =   |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |   |            |   | <input type="checkbox"/> |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
| X \$ 25 =        |                | OR | X \$ 50 =        |                |
| X \$ 100 =       |                | OR | X \$ 200 =       |                |
| + \$ 180 =       |                | OR | + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".**

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.